

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002141 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 08/09/2016 |
| NAME OF PROVIDER OR SUPPLIER COUNTRY HEALTH | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2304 C R 3000 N GIFFORD, IL 61847 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| S9999 | <p>Final Observations</p> <p>Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> | S9999 | <p>Attachment A</p> <p>Statement of Licensure Violations</p> | | |

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/23/16

Illinois Department of Public Health

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| S9999 | <p>Continued From page 1</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure that fall interventions per the care plan were implemented for (R1). (R1) sustained a fall by rolling out of the bed which resulted in (R1) receiving an acute angulated fracture of the distal right femur, an acute angulated displace fracture of the left proximal tibia and acute right forehead hematoma. (R1) is one of three residents reviewed for falls in a sample of three.</p> <p>Findings include:</p> <p>The Physician's Order Sheet dated August 2016 lists the following diagnoses for R1: Cerebrovascular Accident (CVA) with right side weakness, Dementia with Behavioral Disturbance, Anxiety and Congestion Heart Failure.</p> <p>R1's comprehensive assessment titled Minimum Data Set (MDS) dated 7/1/16 documents R1's cognitive status to be severely impaired, requires extensive assistance with one staff for bed mobility and total dependence with two staff members for transfers and toileting.</p> | S9999 | | | |

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| S9999 | <p>Continued From page 2</p> <p>R1's fall assessments dated 1/6/16, 4/18/16 are documented as High Risk for falls. The fall assessment dated 7/1/16 documents R1 as being a Moderate Risk for falls.</p> <p>R1's care plan dated 7/13/16 documents the following interventions which was initiated for R1 under falls on 11/28/12, "Bed to be in floor position, floor mat with sensor and bolsters to bed." An intervention of mechanical lift for all transfers was implemented 9/9/14.</p> <p>R1's nurses notes dated 8/5/16 at 5:30 PM written by E4, RN (Registered Nurse) documents "At 3:30 PM this nurse was called to (R1's) room by CNA (Certified Nurse Assistant). Found (R1) lying on her left side on the floor next to the bed. (R1) had a complaint of pain upon range of motion. Ice pack applied to bruising on forehead. Order received to send to emergency room for evaluation and treatment...(R1) was not moved till EMT's (Emergency Medical Technicians) placed (R1) on the stretcher. EMTs left the facility at 4:02 PM in route to hospital."</p> <p>Facility's form titled and dated 8/5/16 "CNA and Nurse Post Fall Investigation" documents under the section "Factors observed at the time of the fall: " documents "Bed height not appropriate: bed in knee high position. "</p> <p>E3, CNA stated on 8/9/16 " No there were no bed bolsters on the bed or in the room, I never knew bed bolsters were to be used . I have never seen (R1's) care plan, I did not know bed bolsters were to be used and the bed is to be in the lowest position."</p> <p>E1, Administrator stated on 8/6/16 at 12:05 PM " R1's fall care plan states bed bolsters to on bed.</p> | S9999 | | | |

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| S9999 | <p>Continued From page 3</p> <p>The bolsters were not on the bed when the fall took place and the bed height was not at the lowest to the floor, the bed should of been in the lowest position."</p> <p>Z1, R1's Primary Physician stated on 8/9/16 at 9:42 AM "The orders / interventions were written for a reason to help (R1) from falling out of bed. If these interventions were not in place most definitely the fall from the bed would cause for (R1) to fracture. The facility should of had these interventions in place."</p> <p>R1's hospital records titled "X-ray Image Report" dated 8/5/16 documents under "Findings... Bones: Angulated fracture of the distal right femur is noted.....Acute angulated displaced fracture of the proximal left tibia is evidentThe scalp reveals acute right forehead hematoma..."</p> <p>The facility policy titled: "Fall Assessment, Risk Identification and Management Policy " revised dated 3/20/12 states under "C and D" "The potential for injury will be care planned when appropriate, based on the results of the Fall Assessment. The interdisciplinary care plan will be individualized to reflect the specific needs and risk factors of the resident. All staff providing care to the resident will have access to the care plan and interventions."</p> <p>(B)</p> | S9999 | | | |